

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8327	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Rachelle E Johnson P.O. Box, Bldg., Room No., if any Box 2550 Street 225 E. Broad Street City Columbus State Ohio ZIP Code + 4 43216	4. Name, file number, and address of labor organization. Name Ohio Education Association Labor Organization File Number 512-490 P.O. Box, Building and Room Number, if any Box 2550 Street 225 E. Broad Street City Columbus State Ohio ZIP Code + 4 43216
5. Position in labor organization. Dir. of Legal Svcs/Asst. Gen. Cncl.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value **from an employer whose employees your organization represents** or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
---	--

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Rachelle Johnson

On

8/8/05
Date

614-227-3087
Telephone Number

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Cloppert, Latanick, Sauter & Washburn

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 225 E. Broad Street

City Columbus

State Ohio

ZIP Code + 4 43216

14.a. Nature of payment.

Meal - 10/7/04

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$27

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Cloppert, Latanick, Sauter & Washburn

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 225 E. Broad Street

City Columbus

State Ohio

ZIP Code + 4 43216

14.a. Nature of payment.

Meal - 10/22/04

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$55

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Cloppert, Latanick, Sauter & Washburn

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 225 E. Broad Street

City Columbus

State Ohio

ZIP Code + 4 43216

14.a. Nature of payment.

Meal - 12/15/04

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$33

Name of Person Filing **Rachelle Johnson**File Number **U-****Part C Continuation Page****C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**Name **Cloppert, Latanick, Sauter & Washburn**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **225 E. Broad Street**City **Columbus**State **Ohio** ZIP Code + 4 **43216****14.a. Nature of payment.****Christmas giftcard to Cameron Mitchell Restaurants****13.b. Is the Business an Employer** ☒ **or Consultant** ☐ ?**14.b. Amount of payment.****\$100****C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**Name **Hunter, Carnahan, Shoub & Byard**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **2nd Floor**Street **3360 Tremont Road**City **Columbus**State **Ohio** ZIP Code + 4 **43221****14.a. Nature of payment.****Meal - 9/15/04****13.b. Is the Business an Employer** ☒ **or Consultant** ☐ ?**14.b. Amount of payment.****\$26****C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**Name **Hunter, Carnahan, Shoub & Byard**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **2nd floor**Street **3360 Tremont Road**City **Columbus**State **Ohio** ZIP Code + 4 **43221****14.a. Nature of payment.****Meal - 10/8/04****13.b. Is the Business an Employer** ☒ **or Consultant** ☐ ?**14.b. Amount of payment.****\$34**

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Kalniz, Iorio & Feldstein

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 325170

Street 5550 W. Central Ave.

City Toledo

State Ohio ZIP Code + 4 43635

14.a. Nature of payment.

Candy

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$9

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Kegler, Brown, Hill & Reiter

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1800

Street 65 East State Street

City Columbus

State Ohio ZIP Code + 4 43215

14.a. Nature of payment.

Cashews - Christmas

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$40

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.